

<b>Case Number:</b>	CM14-0133192		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old female CNA/home health aide whose date of injury is 08/21/12, when she was knocked over by another customer while walking in the supermarket. The injured worker sustained multiple injuries including the cervical spine, the knees, the pelvis, and the lumbar spine. She had radicular symptoms that were treated effectively with epidural steroid injections resulting in approximately 80 to 90% reduction of radiating leg pain. The injured worker continued with persistent axial low back pain which was treated effectively with diagnostic facet joint injections and ultimately with facet rhizotomy. She then fell while performing a home exercise program and complained of SI joint pain. A SI joint injection was performed in 06/14 and the injured worker reported overall reduction in pain of 60-80%. The injured worker was seen for orthopedic consultation/second opinion on 07/11/14, and was determined not to be a surgical candidate because she has primarily axial pain at the thoracolumbar junction, and coccygeal region, as well as nonspecific findings on lumbar MRI. The injured worker was seen in follow-up on 07/25/14, and was recommended for a trial of spinal cord stimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Psychologist for comprehensive pre spinal cord stimulator psychological testing lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS). Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** CA MTUS provides that spinal cord stimulator (SCS) is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of spinal cord stimulators (SCS) for failed back surgery syndrome (FBSS) and Complex regional pain syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. A psychological evaluation is recommended prior to SCS trial to determine if the patient is an appropriate candidate from a psychological perspective with realistic expectations for outcome of treatment. Noting that the injured worker does not meet criteria as she does not have failed back surgery syndrome and/or CRPS, she is not a candidate for SCS. As such, this request is not medically necessary.